April 1, 2021

VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
45 L Street NE Washington DC 20554

Re: Notice of Ex Parte Communication in WC Docket No. 20-89.

Dear Ms. Dortch and the FCC Telehealth Program team,

On behalf of Stel Life, Inc. ("Stel"), I submit this *ex parte* notice to express gratitude to the Telehealth Program team and share our findings from Round 1 that may help address certain open items on Round 2's Report and Order.

With the application filing window scheduled to open within 30 days and USAC scheduled to begin their new outreach program soon, we hope surfacing these items ahead of USAC's program launch will prevent delays while also reducing burden to reviewers.

Please contact me with any questions regarding this notice.

Sincerely,

Sid Kandan,
CEO, Stel Life
sid@stel.life
6107243688

Stel Life, Inc.
Attention: Sid Kandan
3401 Market St.,
STE#200,
Philadelphia, PA 19104

Report & Order:
"During the Round 1 application process, applicants were required to answer several questions about the anticipated uses and eligibility of their requested services and devices, and they were required to submit documentation supporting the estimated costs for their funding requests. As a result of this process, <u>efforts by Commission staff to review each application to determine the eligibility of the services and devices requested were often hampered by the lack of adequate information in the application</u>. Because <u>applicants commonly did not include enough information on their applications</u> about each of their requested services and connected devices, <u>reviewers conducted substantial outreach to determine what items were being requested and whether those items were eligible for funding</u>. Commission staff <u>also completed a second eligibility review after Round 1 funding awardees filed their reimbursement requests</u>." - [Pg. 28 of the FCC Report & Order for Round 2](#)

Stel Comments:
We are incredibly grateful for all your hard work and efforts with launching Round 2 of the Telehealth program soon. In [previous discussions with the FCC](#), we highlighted confusion on eligibility along with varying costs and requirements from vendors. We better detailed the confusion in our [review of the $1M applications](#) and proposed suggestions in our [article expressing excitement for Round 2](#). We are very grateful that most of our concerns and suggestions were addressed in the Report and Order for Round 2. The reviewers and staff deserve praise for their efforts to review and clarify requested devices and services.

The FCC's new application review process and USAC's new outreach program should greatly improve the quality of applications. In addition, we believe the FCC's following suggestions also have great potential to improve Round 2:

Process of determining eligibility and new application requirements: "We direct USAC to work with the Bureau, to the extent feasible, to improve the process by which reviewers determine the eligibility of the services and connected devices requested." and "We believe the process will be improved by requiring applicants to provide itemized lists of products and services, specifying quantity and cost for each, on their application." and "publish a list of eligible and ineligible equipment and services to provide applicants with specific guidance on what may be requested for reimbursement."

New outreach program: "As part of this effort, we also direct USAC to include in its outreach program guidance on the eligible services and connected devices and tutorials on filling out the application. Upon release of this Report and Order, to ensure that health care providers are aware of the available funding under the Round 2 of the Program, we direct USAC to coordinate with the FCC's Connect2Health Task Force"

Reimbursement forms and substitution reviews: "We direct USAC, subject to Bureau oversight, to review the services and equipment listed on each application, and award only as much funding as is supported by the application and associated documentation." and "As part of this review, we permit USAC to request a brief explanation from a funding awardee about the reason for the substitution and/or an explanation on how the substituted items are eligible." and "We delegate to the Bureau, in coordination with OMD, the authority to make changes to the Request for Reimbursement Form that was used in COVID19 Telehealth Program Round 1 to facilitate Program administration and to better track expenditures under the COVID-19 Telehealth Program"

Process of determining eligibility and new application requirements

Report & Order:
"We direct USAC to work with the Bureau, to the extent feasible, to improve the process by which reviewers determine the eligibility of the services and connected devices requested."

"We believe the process will be improved by requiring applicants to provide itemized lists of products and services, specifying quantity and cost for each, on their application."

"publish a list of eligible and ineligible equipment and services to provide applicants with specific guidance on what may be requested for reimbursement."

Stel Comments:
Because applicants make major program and purchasing decisions based on their belief of eligible costs, this is the most time-sensitive issue to further clarify prior to launching the outreach program. This is especially problematic as there is no metric to evaluate device and service goals during the award selection process. Ambiguity early in the evaluation will further complicate reimbursements, reviews, and awardee budgeting to adopt and deploy programs.

Eligibility concerns:
Based on Round 1 comments and [our review](#), most ineligible requests were due to:
- indirect costs (staffing, administrative, maintenance, technical support, etc),
- unapproved accessories (cases, chargers, mounts, etc..),
- and new projects/development (setting up new inpatient units, call centers, new routing technology, etc...).

We observed that nearly all the Round 1 applications incorrectly classify an ineligible service in the general "information services or telecom services" categories.

Although we are encouraged by the new education outreach program, we want to caution about additional burden on USAC and providers. Unfortunately outcomes from this new training process won't be known until the reimbursement stage after awards are granted, devices and services are purchased, and applicants are undergoing the review process with USAC. This may further compound the review effort necessary and may risk leaving awardees without reimbursement for infrastructure or services required to deploy products.

Our suggestion is to request applicants fill out a separate "ineligible services" section in the application. This section would ideally follow the eligible/ineligible guidelines and allow applicants to detail line-items for additional administrative, staffing, accessories, implementation, or other ineligible costs.

This addition could better align an applicant's expectations concerning eligibility and acceptance.

This could also provide the Commission and other partner agencies with better clarity around indirect and additional costs for connected devices and services. Additionally, it will be easier for applicants and the Commission to satisfy Congress's instructions "to provide, to the extent feasible, applicants with information about the status of their application and the rationale for a final funding decision" along with requests for additional supplementary information.

Clarifying a change in Round 2 eligibility
"installation or integration of eligible devices and services" are now explicitly stated as eligible costs.

In Round 1, additional vendor costs around implementation and maintenance fees were encouraged to be offered for free. As a digital health vendor, we do not charge

any integration fees or maintenance costs, so there is certainly flexibility for this fee among vendors in the industry. As a result, we strongly recommend maintaining the same position from Round 1 and avoid permitting installation and integration costs as eligible in order to prevent further confusion on ineligible services.

Specifically this change may introduce further confusion by conflicting with ineligible costs under: administrative, personnel and staffing, project management, technical support + maintenance, and other costs incurred with "installation or integration".

Other items/priorities to consider
We wanted to flag a potential issue in the program's non-inclusion of devices and services in the application scoring. Specifically, there is ambiguity in providing devices and services to better serve underprivileged and low income populations and bridge the digital divide. We agree and support [Commissioner Starks's suggestions to better support high-risk and vulnerable populations](). We do worry that as device and service metrics are not included in the application selection process, some applicants may highlight these populations in their applications, but request reimbursements for devices and services that could not be deployed to this population. For example, many solutions in the Round 1 applications required patients to own and operate smartphones, tablets, or own and set up wifi, and other technology infrastructure to utilize solutions from the program funding.

As a [cellular-home vitals hub manufacturer,]() we served as eligible replacements for a number of Round 1 Awardees who were unable to deploy solutions to populations without broadband, smartphones, tablets, or wifi. Although the root problem may not be addressable without introducing new metrics and delaying the application window, we would be interested in continuing to stay in touch with USAC and program partners if we can continue to provide assistance during the eligibility and reimbursement process.

New outreach program:

Report & Order:
"As part of this effort, we also direct USAC to include in its outreach program guidance on the eligible services and connected devices and tutorials on filling out the application. Upon release of this Report and Order, to ensure that health care providers are aware of the available funding under the Round 2 of the Program, we direct USAC to coordinate with the FCC's Connect2Health Task Force"

Stel Comments:
We think this is a brilliant idea and would love to participate as vendors to better align and educate the market on the program. This could operate similarly to how [organizations supported the FCC spread the word about the Emergency Broadband Benefit](#).

Our only recommendation would be to highlight and make public certain applications to serve as ideal examples for the FCC. Vendors could also prepare standardized forms for easier eligibility determinations and reimbursements. More on this suggestion below.

Reimbursement forms and substitution reviews:

Report & Order:
"We direct USAC, subject to Bureau oversight, to review the services and equipment listed on each application, and award only as much funding as is supported by the application and associated documentation."

"As part of this review, we permit USAC to request a brief explanation from a funding awardee about the reason for the substitution and/or an explanation on how the substituted items are eligible."

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Stel Comments:
If the previous suggestions are unable to be accepted, this suggestion may be expanded to include the recommendations above to prevent delays in providing applications with feedback.

Independently from the above, we wanted to express interest and capabilities as a vendor to modify and standardize documentation to better highlight eligibility and reimbursements. [We highlighted some of the vendor variance on price and supplemental information in our blog here](#). This variance may have further complicated eligibility confusion.

In order to better assist USAC, the Bureau, OMD, and other program partners, we are willing to help standardize vendor information by populating a standard form and/or updating materials to more prominently display information helpful to these organizations. Examples may include:

Company: Stel Life, Inc.
Location: Philadelphia, PA

Product: Cellular + Bluetooth HomeVitals Hub and Third-Party wireless vitals devices

Cost of devices:
- Cellular + Bluetooth Home Vitals Hub ($130/hub) - purchase (not lease)
- Third-party wireless vitals devices: MSRP (in attached sheet)

Cost of services:
- Telecom: Multi-Carrier, Non-broadband Cellular service (per hub) - $10/mo ($120/year)
- Information Services: Data to endpoint (free), Implementation to EHR (no fees from Stel)

Digital divide risk:
- No tablets, smartphones, broadband, or wifi required
- Useable for older patients and vulnerable patients - just use vitals devices
- Deployed to a number of round 1 awardees looking to serve populations experiencing the digital divide, such as: Lehigh Valley Health Network, Temple, Yale's FairHaven FQHC, among others.

ONC/interoperability alignment:
- Data goes straight to EHR under patient-generated-health-data flowsheet

Supply chain risk:
- Units in stock
- Uses Nordic (non-Quectel) for supply chain, willing to diversify to other hardware lines if necessary.

Patient CyberSecurity risk:
- No PHI accepted or stored by Stel.
- No apps or unsafe authentication necessary

Fraud/Waste/Abuse risk:
- Not capable of performing non-telehealth services
- Contracts can be attached to show no markups or hidden fees between applications